



CASCADE FOOT AND ANKLE SPECIALISTS, LLC

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Physicians & Surgeons • Foot and Ankle Surgery
Kenneth K.S. Mah, D.P.M. Clifford D. Mah, D.P.M.
www.cascadefas.com

Authorization To Release Medical Records

Patient Name: _____ Birth Date: _____ Age: _____

I hereby authorize Dr. Clifford Mah, DPM, to release the following medical records.

- _____ Examination, Findings, and Treatment
- _____ Operative Reports
- _____ X-ray Film (s)
- _____ Other: _____

From Date: _____ To Date: _____

Reason For Medical Records:

Doctor's Name to Transfer: _____

Address: _____

Phone number: _____ Fax: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Please mail or fax to our clinic. Thank you

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